

# FINANCIAL RESPONSIBILITY REVIEW

Entered  
CAD 009 204 736  
2F

TO: Chia-lene Williams SEU Sonia Low FPU REGION 1, (2), 3, 4  
FROM: Rebecca Burwell FRU PHONE 915 577 980

For the purpose of the financial responsibility review, the results of the evaluation are good for sixty (60) days from the date of this review and are as follows:

FACILITY Cam Plating Works ADDRESS 598 9th St, San Francisco 94103 EPA ID# CAD 009 204 736

## I. FACILITY TYPE

MAJOR \_\_\_\_\_ NON-MAJOR / RCRA / NON-RCRA \_\_\_\_\_  
TREATMENT / STORAGE / DISPOSAL \_\_\_\_\_ OTHER \_\_\_\_\_  
INTERIM / PERMITTED \_\_\_\_\_ PBR \_\_\_\_\_ TTU \_\_\_\_\_

## II. FINANCIAL ASSURANCE FOR CLOSURE/POST-CLOSURE

TYPE OF DOCUMENT: Trust Fund  
COST ESTIMATES: CLOSURE \$ 10,410 POST-CLOSURE \$ \_\_\_\_\_  
DEFICIENCY: CLOSURE \$ 410 POST-CLOSURE \$ \_\_\_\_\_  
RESULTS: PASS \_\_\_\_\_ FAIL / (SEE COMMENTS)

## III. LIABILITY COVERAGE

TYPE OF DOCUMENT: Insurance  
DOLLAR AMOUNTS: SUDDEN \$ 5 mill / 5m.71 NON-SUDDEN \$ \_\_\_\_\_ / \_\_\_\_\_  
(PER OCCURRENCE) (AGGREGATE) (PER OCCURRENCE) (AGGREGATE)  
RESULTS: PASS / FAIL \_\_\_\_\_ (SEE COMMENTS)

## IV. ENFORCEMENT ACTION

1. REPORT OF VIOLATIONS ISSUANCE: \_\_\_\_\_  
2. CORRECTIVE ACTION ORDER: \_\_\_\_\_  
3. ANTICIPATED ACTION: \_\_\_\_\_  
4. OTHER REFERRALS: \_\_\_\_\_

COMMENTS: Beginning in 1989, DAS makes reference to facility closure and application for generator status. However, no documentation of this actually occurring is in the files, so assumption is that facility is still liable for financial assurance.

Rebecca Burwell 25-92  
FRU ANALYST DATE

FRU CHIEF DATE CREL DATE

FIRST COPY - SEU

SECOND COPY - FPU

THIRD COPY - FRU

STATE OF CALIFORNIA - DEPARTMENT OF HEALTH SERVICES

Insurance policy effective 12/31/86; no expiration date listed; this should be checked.  
Trust fund is missing @ Schedule B @ Exhibit A. No pay-in period is given. Initial deposit  
of \$10,000 - adequate for 1990 but not 1991. Need updated information (trust fund dated 6-7-90) or advised

u44.

RCRIS COMPLIANCE FORM - Part - 1  
(ENFORCEMENT DISPOSITION DOCUMENT - EDD)

# EVALUATIONS/INSPECTIONS

*entered*

	Initial	Date
I/CO	_____	_____
Section Chief	_____	_____
TMS entry	_____	_____
RCRIS entry	_____	_____
HWDMS entry	_____	_____
I/CO	_____	_____

<b>HANDLER DATA:</b>	<b>HANDLER NAME/ADDRESS</b>
EPA ID # <u>CAD0092D4730</u>	<u>C&amp;M Plating Works</u>
CA Region <u>2</u> _ LDF _ TSF _ GEN _ OTH	<u>598 6th St., San Francisco 94103</u>
For TMS Use	

<b>EVALUATION DATA:</b>	<b>EVALUATION CONTROL #</b>			
EVALUATION DATE: <u>02105192</u> (MM DDY Y)	<u>                    </u> (MM DDY Y) (Seq #)			
AGENCY <input checked="" type="checkbox"/> (E=EPA X=STATE OVERSIGHT C=EPA CONTRACTOR)	<table border="1"> <tr><td>Add</td></tr> <tr><td>Change</td></tr> <tr><td>Delete</td></tr> </table>	Add	Change	Delete
Add				
Change				
Delete				
RESPONSIBLE PERSON <u>Burwell</u> LAST NAME	SECTION <u>                    </u> MAIL CODE <u>                    </u>			
<b>TYPE OF EVALUATION (Check one)</b>				
CEI _____ Compliance Evaluation Inspection	CAO _____ Corrective Action Inspection			
CME _____ Comprehensive Monitoring Evaluation	OAM _____ Operation & Maintenance Inspection			
SPL _____ Sampling Inspection	CDI _____ Case Development Inspection			
FRR <input checked="" type="checkbox"/> Financial Records Review	CSE _____ Compliance Schedule Evaluation			
NRR _____ Non-Financial Records Review	OTH _____ Other (Note reason Below)			
LBN _____ Land Ban				
<b>REASON FOR EVALUATION (Optional Circle one)</b>				
01 Follow up	02 Case Development			
04 Citizen Complaint	05 Withdrawal/Handler Status Change			
	06 Sampling			
	06 Closure			
COMMENTS <u>Beginning in 1989, DHS makes reference to facility closure and application for generator status. However, no documentation of this actually occurring is in the files, an assumption is that facility is still liable for financial insurance. (cont)</u>				

**COVERAGE AREAS (Check codes for all areas evaluated)**

<b>Generator</b>	<b>TSD Requirements</b>	
GER _____ All Requirements	DCH _____ Chem/Phys/Biol(Q)	DMC _____ Containers(I)
GGR _____ General(A)	DCL _____ Close/Post Clos(G)	DMR _____ Manifest(E)
GLB _____ Land Ban(268)	DCP _____ Contingency(D)	DOR _____ Other
GMR _____ Manifest(B)	DFR _____ Financial (H)	DPB _____ Part B Appl.(270)
GOR _____ Other(265)	DGS _____ General(B)	DLB _____ Land Ban(268)
GPT _____ Pre-Transport(C)	DGW _____ Groundwater(F)	DLF _____ Landfill(N)
GRR _____ Record Keeping(D)	DIN _____ Incinerator(O)	DTR _____ Tank(J)
GSC _____ Special Conditions	DPP _____ Prepare/Prevent(C)	DTT _____ Thermal Treat(P)
GSQ _____ Small Quantity Gen.	DSI _____ Surface Impound(K)	DWP _____ Waste Pile(L)
	DLT _____ Land Treatment(M)	

<b>Transporter</b>	<b>Other</b>
TGR _____ General	CAS _____ Corrective Action Schedule
TMR _____ Manifest	FEA _____ Formal Enforcement Action
TOR _____ Other	
TRR _____ All Requirements	
TWD _____ Discharge/Spill	

*Insurance policy for liability effective 12/78; no expiration date listed; this should be checked. EPA Form 7-18-91  
not found in making a) schedule B; b) exhibit A. No pay-in period is given. Initial deposit was \$10,000 -  
note for 1990 but not 1991. Need updated information (trust fund dated 6-7-90) to add monies (over)*

RCRA FINANCIAL ASSURANCE CHECKLIST  
FOR CLOSURE/POST-CLOSURE TRUST FUNDS

(page 1 of 3)

Parent Company Name: \_\_\_\_\_

Parent Company Address: \_\_\_\_\_

Facility Name: C&M Plating

Facility Address: \_\_\_\_\_

County in which Facility is Located: \_\_\_\_\_

EPA I.D. Number: \_\_\_\_\_

Facility Contact Person/Title: \_\_\_\_\_

Facility Contact Phone Number: \_\_\_\_\_

Instrument Covers: Closure ☒ Post-closure ☐

Land Disposal Facility: Yes ☐ No ☒

Trustee Name: Bank of San Francisco

Trustee Address: 550 Montgomery, SF, CA 94111

Trustee Contact Person/Title: Clive A. Flowers, VP

Trustee Contact Phone Number: \_\_\_\_\_

Trust Fund Effective Date: 6-7-90

Number of Years Remaining in the  
Trust Fund Pay-In Period: \_\_\_\_\_

Trust Fund Expiration Date: \_\_\_\_\_

Trust Fund Instrument Number: 150142

Amount of Closure  
(Facility Submittal): 10,000

Current Value of Trust Fund  
(Closure): \_\_\_\_\_

Source Document: \_\_\_\_\_

Source Document: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Amount of Closure  
(Agency Approved): 10410

Source Document: \_\_\_\_\_

Date: \_\_\_\_\_

**RCRA FINANCIAL ASSURANCE CHECKLIST  
FOR POST/CLOSURE TRUST FUNDS**

(page 2 of 3)

Amount of Post-Closure  
(Facility Submittal): \_\_\_\_\_

Current Value of Trust Fund  
(Post-Closure): \_\_\_\_\_

Source Document: \_\_\_\_\_

Source Document: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Amount of Post-Closure Cost Estimate  
(Agency Approved): \_\_\_\_\_

Source Document: \_\_\_\_\_

Date: \_\_\_\_\_

**YES NO**

☒☐

Does the trust agreement contain wording identical to the wording specified in 40 CFR §264.151(a)(1)? [(40 CFR §264.143(a)(2)/40 CFR §265.143(a)(2)) - (40 CFR §264.145(a)(2)/40 CFR §265.145(a)(2))]

☐☐

Is the trust agreement accompanied by a formal certification of acknowledgement containing wording identical to the wording specified in 40 CFR §264.151(a)(2)? [(40 CFR §264.143(a)(2)/40 CFR §264.145(a)(2)) - (40 CFR §265.143(a)(2)/40 CFR §265.145(a)(2))]

☒☐

Is the trustee an entity with the authority to act as a trustee and whose trust operations are regulated and examined by a federal or state agency? [40 CFR §264.143(a)(1)/40 CFR §264.145(a)(1)) - (40 CFR §265.143(a)(1)/40 CFR §265.145(a)(1))]

☐☐

Has a signed duplicate of the trust agreement been submitted to the Regional Administrator as specified in 40 CFR §264.143(a)(1)/40 CFR §265.143(a)(1) and 40 CFR §264.145(a)(1) and 40 CFR §265.145(a)(1)?

☐☐

Have all required payments been made as specified in 40 CFR §264.143(a)(3)(i) and (ii)/40 CFR §265.143(a)(3)(i) and (ii) and 40 CFR §264.145(a)(3)(i) and (ii)/40 CFR §265.145(a)(3)(i) and (ii)?

☐☐

Have the first payment and all subsequent payments been equal to the current closure and/or post-closure cost estimate(s) divided by the number of years in the pay-in period? [(40 CFR §264.143(a)(3)(i) and (ii)/40 CFR §265.143(a)(3)(i) and (ii)) - (40 CFR §264.145(a)(3)(i) and (ii)/40 CFR §265.145(a)(3)(i) and (ii))]

RCRA FINANCIAL ASSURANCE CHECKLIST  
FOR POST/CLOSURE TRUST FUNDS

(page 3 of 3)

YES NO

☐☒

If the value of the trust fund is less than the amount specified, did the owner or operator substitute other financial assurance to maintain the necessary amounts or closure and/or post-closure financial requirements? [(40 CFR §264.143(a)(6)/40 CFR §265.143(a)(6)) - (40 CFR §264.145(a)(6)/40 CFR §265.145(a)(6))]

☐

Not Applicable

☐☐

Is the facility in compliance with all trust fund requirements as specified in 40 CFR §264.143(a)/40 CFR §265.143(a) and 40 CFR §264.145(a)/40 CFR §265.145(a)?

COMMENTS:

Review sheet for '90 states that facility is in closure process and will apply for generator status. No information on status in file, no assumption that they're not done yet. In which case

① TCR form & meeting

② Schedule B

③ Exhibit A

④ certificate of acknowledgment

⑤ No pay-in made & given - trust shows \$10,000 - reviewed estimate for \$1 & 0,410 → \$10 short.

Reviewed by:

Rebecca Barwell

Date:

2-5-92